

100TH GENERAL ASSEMBLY State of Illinois 2017 and 2018 HB2694

by Rep. Gregory Harris

SYNOPSIS AS INTRODUCED:

215 ILCS 134/25

Amends the Managed Care Reform and Patient Rights Act. In provisions concerning transition of services, provides that the health care plan shall not modify an enrollee's coverage of a drug during the plan year if the drug has been previously approved for coverage by the plan for a medical condition, the plan's prescribing provider continues to prescribe the drug for the medical condition, and the patient continues to be an enrollee of the health care plan. Provides specific prohibited modifications of drug coverage in the health plan. Provides that the provisions do not prohibit a health care plan from requiring a pharmacist to effect generic substitutions of prescription drugs. Provides that the provisions do not prohibit the addition of prescription drugs to a health care plan's list of covered drugs during the coverage year. Effective immediately.

LRB100 07022 SMS 17076 b

1 AN ACT concerning regulation.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The Managed Care Reform and Patient Rights Act is amended by changing Section 25 as follows:
- 6 (215 ILCS 134/25)

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- 7 Sec. 25. Transition of services.
- 8 (a) A health care plan shall provide for continuity of care 9 for its enrollees as follows:
 - (1) If an enrollee's physician leaves the health care plan's network of health care providers for reasons other than termination of a contract in situations involving imminent harm to a patient or a final disciplinary action by a State licensing board and the physician remains within the health care plan's service area, the health care plan shall permit the enrollee to continue an ongoing course of treatment with that physician during a transitional period:
 - (A) of 90 days from the date of the notice of physician's termination from the health care plan to the enrollee of the physician's disaffiliation from the health care plan if the enrollee has an ongoing course of treatment; or

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1	(B) if the enrollee has entered the third trimester
2	of pregnancy at the time of the physician's
3	disaffiliation, that includes the provision of
4	post-partum care directly related to the delivery.
5	(2) Notwithstanding the provisions in item (1) of this
6	subsection, such care shall be authorized by the health
7	care plan during the transitional period only if the
8	physician agrees:
9	(A) to continue to accept reimbursement from the
10	health care plan at the rates applicable prior to the
11	start of the transitional period;
12	(B) to adhere to the health care plan's quality
13	assurance requirements and to provide to the health
14	care plan necessary medical information related to
15	such care; and
16	(C) to otherwise adhere to the health care plan's
17	policies and procedures, including but not limited to
18	procedures regarding referrals and obtaining
19	preauthorizations for treatment.
20	(3) The health care plan shall not modify an enrollee's
21	coverage of a drug during the plan year for any enrollee if
22	the drug has been previously approved for coverage by the
23	plan for a medical condition of the enrollee, the plan's
24	prescribing provider continues to prescribe the drug for

the medical condition, and the patient continues to be an

enrollee of the health care plan. Prohibited modifications

1	referred to in this paragraph (3) include, but are not
2	<pre>limited to:</pre>
3	(A) increasing the out-of-pocket costs for a
4	covered drug;
5	(B) moving a prescription drug to a more
6	restrictive tier; or
7	(C) removing a prescription drug from a formulary.
8	This paragraph (3) does not prohibit a health care
9	plan, by contract, written policy or procedure, or any
10	other agreement or course of conduct, from requiring a
11	pharmacist to effect generic substitutions of prescription
12	drugs.
13	(b) A health care plan shall provide for continuity of care
14	for new enrollees as follows:
15	(1) If a new enrollee whose physician is not a member
16	of the health care plan's provider network, but is within
17	the health care plan's service area, enrolls in the health
18	care plan, the health care plan shall permit the enrollee
19	to continue an ongoing course of treatment with the
20	enrollee's current physician during a transitional period:
21	(A) of 90 days from the effective date of
22	enrollment if the enrollee has an ongoing course of
23	treatment; or
24	(B) if the enrollee has entered the third trimester
25	of pregnancy at the effective date of enrollment, that
26	includes the provision of post-partum care directly

1 related to the delivery.

- (2) If an enrollee elects to continue to receive care from such physician pursuant to item (1) of this subsection, such care shall be authorized by the health care plan for the transitional period only if the physician agrees:
 - (A) to accept reimbursement from the health care plan at rates established by the health care plan; such rates shall be the level of reimbursement applicable to similar physicians within the health care plan for such services;
 - (B) to adhere to the health care plan's quality assurance requirements and to provide to the health care plan necessary medical information related to such care; and
 - (C) to otherwise adhere to the health care plan's policies and procedures including, but not limited to procedures regarding referrals and obtaining preauthorization for treatment.
- (c) In no event shall this Section be construed to require a health care plan to provide coverage for benefits not otherwise covered or to diminish or impair preexisting condition limitations contained in the enrollee's contract. In no event shall this Section be construed to prohibit the addition of prescription drugs to a health care plan's list of covered drugs during the coverage year.

- 1 (Source: P.A. 91-617, eff. 7-1-00.)
- 2 Section 99. Effective date. This Act takes effect upon
- 3 becoming law.